

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MD	10	01-70
O.I.P.E. CLASSIFIER		844	2/5
FORMALITY REVIEW	T.A		02/01/02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/16/02
2	✓	✓	3/7/03
3	✓	✓	7/24/03
4	✓	✓	1/9/04
5	✓	✓	6/24/04
6	✓	✓	
7	✓	✓	
8	✓	✓	
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50	✓	✓	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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